Office Employee Census For Small Group Health Insurance Quote

THE DOCTORS INSURANCE BROKER™

CA License Number: OC8O681

Please print all answers to the questions asked. Any missing info will delay processing your quote.

1. Applicant's name (First, Middle, Last): ______________________________

2. Group name: ________________ Number of employees: __________ Number of employees to be enrolled: ____________

3. Practice address (Street, City, State, Zip: ______________________________

4. Phone: ________________ Fax: ________________ Email: ______________________

5. Best time to contact: ______________ How would you like to receive your quote: ❑ Phone ❑ Fax ❑ Email

6. Applicant Information: (Please use the Covered Member Keys **E=Employee, S=Spouse/Domestic Partner, D=Other Dependents**. Enter the Employee first, then every other family member (spouse and children) to be covered on subsequent lines. Each person's date of birth is mandatory for quoting. After a full family has been entered, the next Employee should be stated on the following lines. Do not skip a line between employees.)

Name	Date of birth MM/DD/YY	Zip Code	Gender	Dependents to be Enrolled	Covered Member Keys **(E, S, D)**
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	
			❑ M ❑ F	❑ Yes ❑ No	

7. I'd like a quote for the following small group health insurance plans:

Plan type:

❑ HMO

❑ PPO

❑ HSA-compatible High Deductible Health

8. What is the name of your current small group health insurance carrier? ______________________

Questions: Please contact us at 800.767.0864

Fax your completed Quick Quote Request Form to **The Doctors Insurance Broker at 800.767.0871**

or email to: quotes@tdibroker.com